

FINANCIAL INFORMATION

CAUSE NO. _____

Petitioner

Respondent

Attorney for Petitioner

Attorney for Respondent

MONTHLY EXPENSE

HOUSING:

- 1. Rent/House Payment \$ _____
- 2. Insurance (homeowners) _____
- 3. Maintenance, repairs, and service _____
- 4. Utilities (gas, electric, water, etc..... _____

AUTO/TRANSPORTATION:

- 1. Car Payments \$ _____
- 2. Insurance _____
- 3. Maintenance _____
- 4. Gasoline _____
- 5. Other transportation _____

INSURANCE:

- 1. Life _____
- 2. Health and hospitalization _____
- 3. Other _____

FOOD:

- 1. Groceries _____
- 2. School and/or work lunches _____

MEDICAL:

- 1. Doctors _____
- 2. Dentists _____
- 3. Prescriptions _____

EDUCATION:

- 1. Tuition _____
- 2. School supplies & extra curricular _____

PERSONAL:

- 1. Grooming (barber, hairdresser, etc.) _____
- 2. Clothing _____
- 3. Cleaning/laundry _____
- 4. Uniforms for work _____

CHILD CARE:

- 1. Day Care _____
- 2. Other _____

ENTERTAINMENT:

- 1. _____

OTHER EXPENSES:

- 1. _____
- 2. _____
- 3. _____

TOTAL MONTHLY EXPENSES \$ _____

MONTHLY INCOME –

Weekly/Monthly Income \$ _____
Gross _____
Withholding/FICA _____
Insurance _____
Retirement _____
Other _____

NET PAY \$ _____

OTHER INCOME \$ _____

Signature of Party _____